

Patient Name:
Form 3

Colorectal Cancer (CRC) Screening Tracking Form

DATE:	
Is patient up-to-date with CRC screening: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <u>NOT</u> up-to-date with CRC screening, has the patient agreed to CRC screening at this time:	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes complete the following:	
DATE:	TEST:
1. At-home FOBT or FIT or sDNA Kit Given (circle one)	
	Results received
	If NOT: Reminder card/letter sent
	If YES: Patient notified of results
	Positive → colonoscopy scheduled
	Negative → tickler file for re-test 1 year
2. Referred for Flexible Sigmoidoscopy	
	Test scheduled
	Results received
	If NOT: Reminder card/letter sent
	If YES: Patient notified of results
	Positive → results given to MD for orders & colonoscopy scheduled
	Negative → tickler file for re-test 5 year
3. Referred for DCBE or CTC (circle one)	
	Test scheduled
	Results received
	If NOT: Reminder card/letter sent
	If YES: Patient notified of results
	Positive → results given to MD for orders & colonoscopy scheduled
	Negative → tickler file for re-test 5 year
4. Referred for Colonoscopy	
	Test scheduled
	Results received
	If NOT: Reminder card/letter sent
	If YES: Patient notified of results
	Positive → results given to MD for orders
	Negative → tickler file for re-test 10 year or F/U tickler file as per endoscopist's recommendation